

Project Completion Report

Nepal Logistics and Child Health Support Services Project

Contract 367-C-00-97-00082
Office of Health and Family Planning, USAID/Nepal



Dr. Penny Dawson, Team Leader
July 2002



Table of Contents

Overview	1
Major Achievements: June 1997 – June 2002	3
Integrated Logistics Management Systems in the Ministry of Health (MOH)	3
The National Vitamin A Deficiency Control Program	6
The Community-Based Program for Integrated Management of Childhood Illness (formerly ARI and CDD programs)	8
The National Female Community Health Volunteer (FCHV) Program	10
The National Traditional Birth Attendant Program	11
The National Family Planning Program	11
The MOH Department of Health Services Financial Section	11
Recommendations	12
Contract Performance Milestones at Project Completion	13
Annex 1: List of Project Technical Reports	15

For Additional Information on the Logistics and Child Health Support Services Project contact:

Dr. Penny Dawson
John Snow, Inc.
P. O. Box 1600
Kathmandu, Nepal
Email: nfhp@nfhp.org.np
Fax: 977-1-526 608

Ms. Ann Wickham
John Snow, Inc.
44 Farnsworth Street
Boston, MA 02210-1209, U.S.A.
ann_wickham@jsi.com
Fax: 1-617-482-0617

Overview

This Project Completion Report briefly highlights major achievements in the program areas included in the Logistics and Child Health Support Services Project (LCHSSP), funded by USAID/Nepal and implemented by John Snow, Inc. (JSI).

This report is not intended to be a complete summary of the myriad activities and accomplishments of the Project. Readers interested in further details should examine the Project's annual progress reports, which describe achievements in each program area against the Project's Performance Milestone Plan. Quarterly progress reports are also available for the life of the contract. A complete list of the Project's technical reports is included as Annex 1.

JSI is proud of the Project's accomplishments, which have had demonstrable impact on the health and well being of the women, children, and men of Nepal. Credit for the success goes not only to the JSI/Nepal staff, but also to colleagues in various organizations and institutions. Local partner organizations have been so integral to the LCHSSP team that it is sometimes hard to differentiate. We express deep appreciation to our friends and colleagues in Nepali Technical Assistance Group (NTAG), Management Support Services (MASS) and New ERA.

Without the hard work and commitment of our MOH colleagues at all levels, central, regional, district, facility and community, accomplishments would not have been possible. Support from successive teams in USAID's Office of Health and Family Planning and other offices within USAID have enabled the LCHSSP team in carrying out our work. WHO, UNICEF, UNFPA, JICA, AusAID, DFID, KfW and GTZ have co-funded and provided technical assistance in numerous complementary programs. INGOs ADRA, CARE, SAVE/US, PLAN, TAF, CEDPA and WEI have worked collaboratively on many initiatives. Other professional organizations such as Nepal Pediatric Society (NEPAS) and local NGOs such as FPAN and NFCC have provided essential support.

We appreciate and acknowledge the initiative and valuable contributions by students, Peace Corps Volunteers and interns in the conduct and writing of various studies and reports prepared by JSI.

Community-based health workers, VHWs, MCHWs and particularly the Female Community Health Volunteers, have contributed significantly to improvements in child health over the past 5 years. We are proud to have been associated with training, supporting and empowering the pillars of primary health care in thousands of villages in Nepal.

Without the steadfast support of these individuals and organizations, we could not have completed our work. We extend to all our gratitude and pledge continued support under the Nepal Family Health Program.



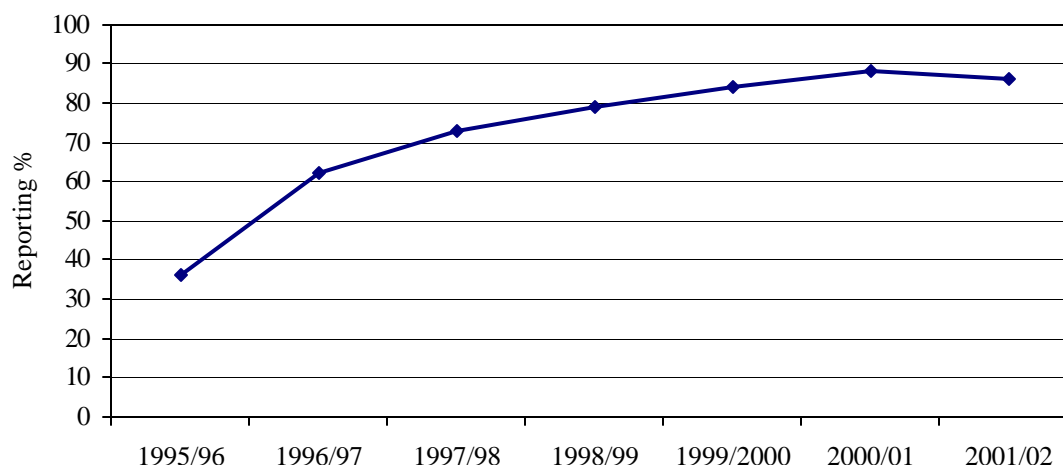
▲ *Community-Based Programs' Pillars -FCHVs with dress provided by VDCs*

Major Achievements: June 1997 – June 2002

Integrated Logistics Management Systems in the Ministry of Health (MOH)

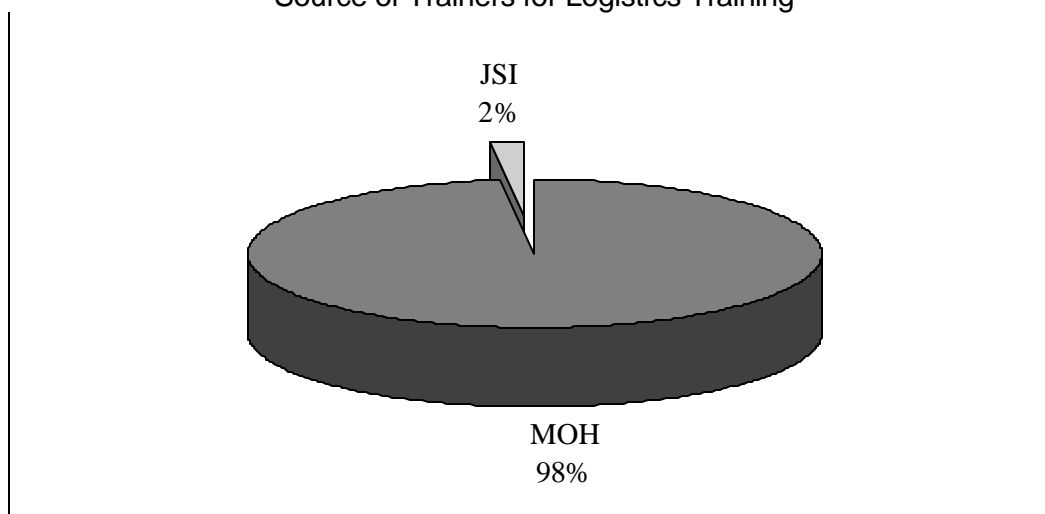
- ***Integrated Logistics Management Information System (LMIS):*** The LMIS is fully functioning nationwide. More than 80% of health facilities regularly submit LMIS forms to the district level.

Percentage of Health Facilities Submitting Logistics Information



- ***Logistics Training:*** Logistics training has been institutionalized within the MOH's National Health Training Center and five Regional Health Training Centers. More than 15,000 health personnel have been trained. Health Logistics and EPI Cold Chain Management training and procedure manuals were developed and are used nationally.

Source of Trainers for Logistics Training



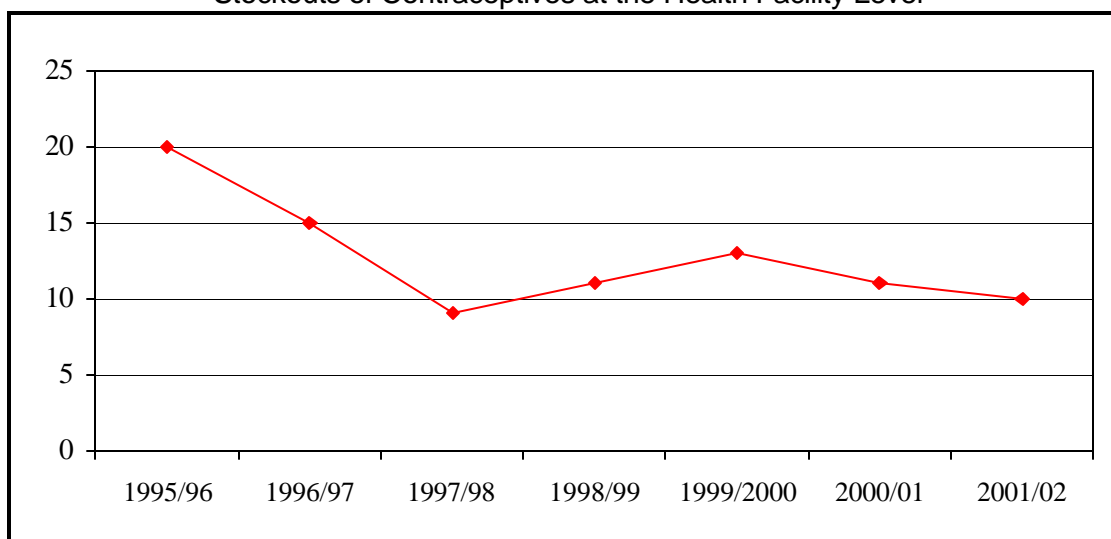
Health logistics issues have been included in other health-related training curricula, e.g., HAs, FCHVs, SAHWs, AHWs, ANMs, VHWs and MCHWs in-service and pre-service courses.

- **Stockouts:** A pull system for inventory management was implemented in all health facilities. Consequently, service delivery points requisition from district stores products needed. This system, with improvements in the LMIS, lead to significant reduction in stockouts of family planning and other key commodities.



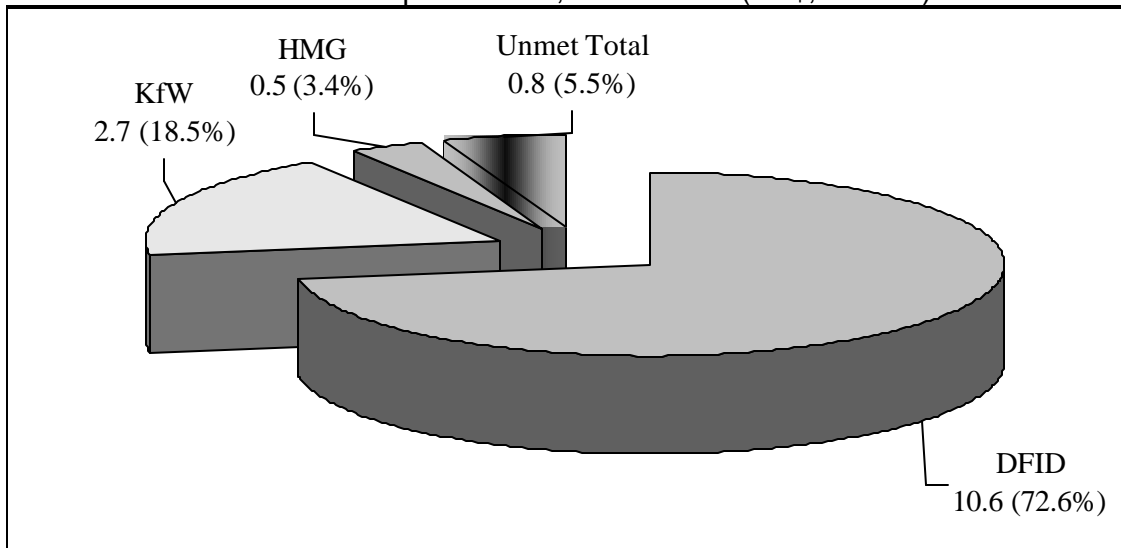
▲ Regional Medical Store, Butwal

Stockouts of Contraceptives at the Health Facility Level



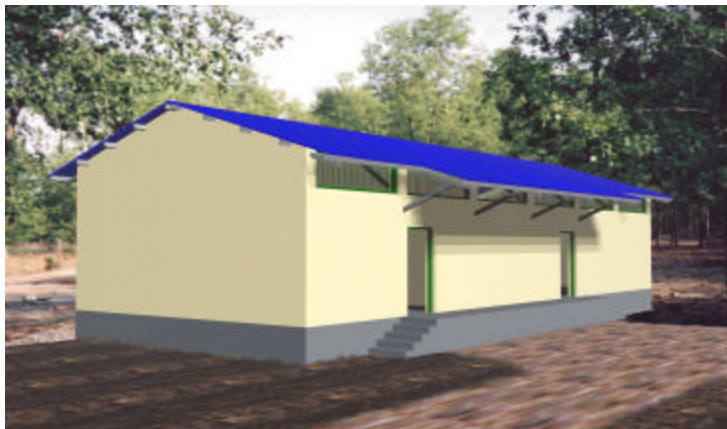
- **Contraceptive Security:** Improved logistics management capabilities in the Logistics Management Division and the Family Health Division and significant efforts in donor coordination allowed MOH to attain contraceptive supply security during the life of LCHSSP and through 2005. FHD, LMD, JSI, and donor agencies now meet annually to assess Nepal's contraceptive situation and prepare a consensus forecast of commodity needs. A second meeting is held halfway through the year to review commodity status.

HMG Contraceptive Status, 2002 – 2006 (US\$, millions)



HMG has allocated Rs.70 million in 2002 for procurement of Norplant®, and has committed to increasing this funding level by 10% each year. While this contribution is not large in absolute monetary terms, it should be noted monies come from HMG's revenues, not international loan funds. Very few other developing countries have made similar commitments.

- **District Medical Stores:** JSI/Nepal, in collaboration with LMD, identified need and developed a proposal for construction of district stores. KfW has currently allocated funding for approximately 30 stores. Construction of five stores has begun. DFID may also contribute funding for construction of additional stores.



▲ Architect's Drawing of Planned District Medical Store

- **“De-junking” the Supply Chain:** Nationwide auctioning of unusable equipment/commodities in existing health facilities was completed. Approximately Rs.13 million (\$166,000) was generated and storage space for essential commodities was increased nearly 25%.

- **Long-Range Planning:** JSI/Nepal provided technical assistance in preparation of the MOH's Health Sector Reform Program and 10th 5-Year Health Plan.

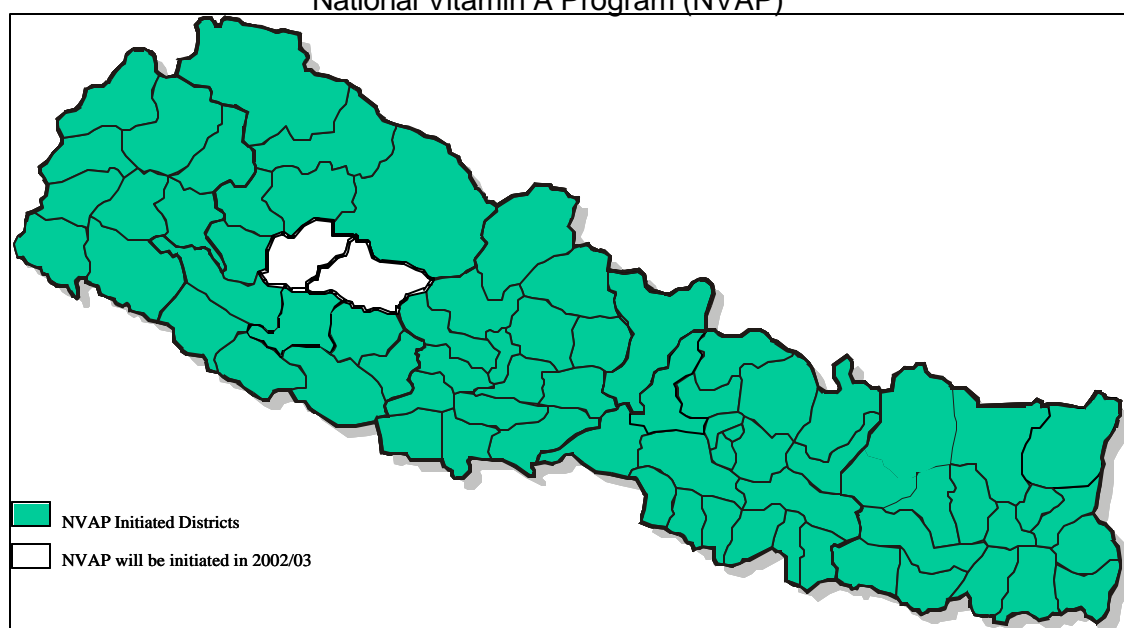
- **No Commodities No Programs:** The LCHSSP Logistics Team created this slogan to raise awareness of the role commodity availability plays in ensuring the success of health programs. The slogan has been adapted and used by health logistics programs worldwide.



The National Vitamin A Deficiency Control Program

- **Phased Program Expansion:** The National Vitamin A Program (NVAP), expanded in a phased manner from 32 districts at the start of LCHSSP, now covers 73 of Nepal's 75 districts. During each LCHSSP year, the program was extended to new districts and implemented in a cycle of four main activities: training, promotional campaign, capsule supplementation, and monitoring. Training was provided to 23,730 FCHVs and 47,680 multisectoral participants.

National Vitamin A Program (NVAP)

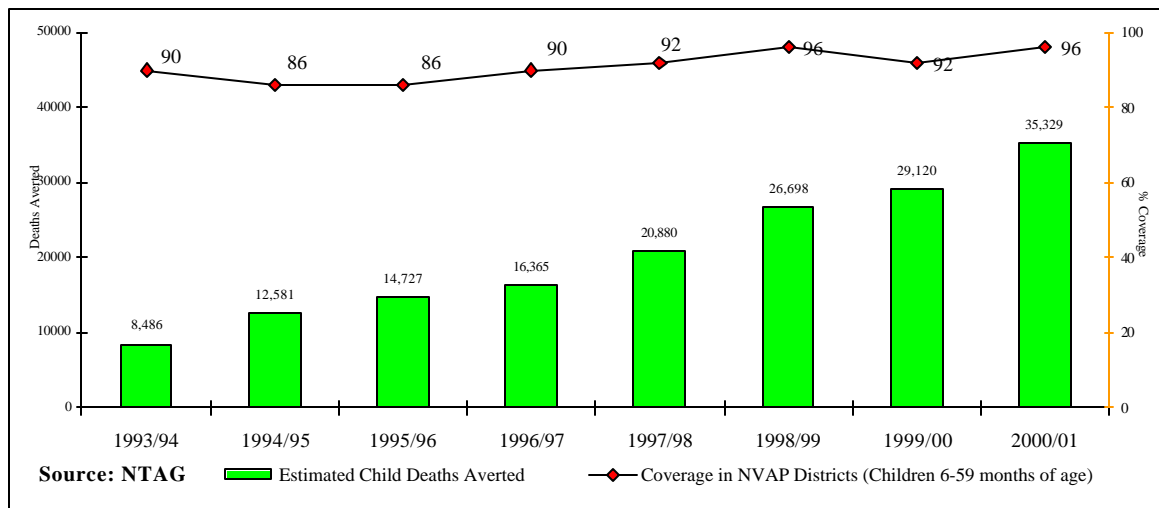


- Program Coverage:** More than 80% of children 6–59 months of age in NVAP districts have received high-dose vitamin A capsules twice yearly, a coverage estimate maintained in almost all NVAP districts. In each of semi-annual supplementation campaigns (April and October), more than 3 million children receive a high-dose vitamin A capsule. Among those dosed, mortality is likely to be reduced by up to 30%. In a country with infrastructure weaknesses, where 90% of the people live in rural areas (often in difficult terrain), where most delivery systems face serious constraints, and where routine immunization coverage in children is low, achieving such coverage is unprecedented, making Nepal's Vitamin A Program arguably the best in the world.



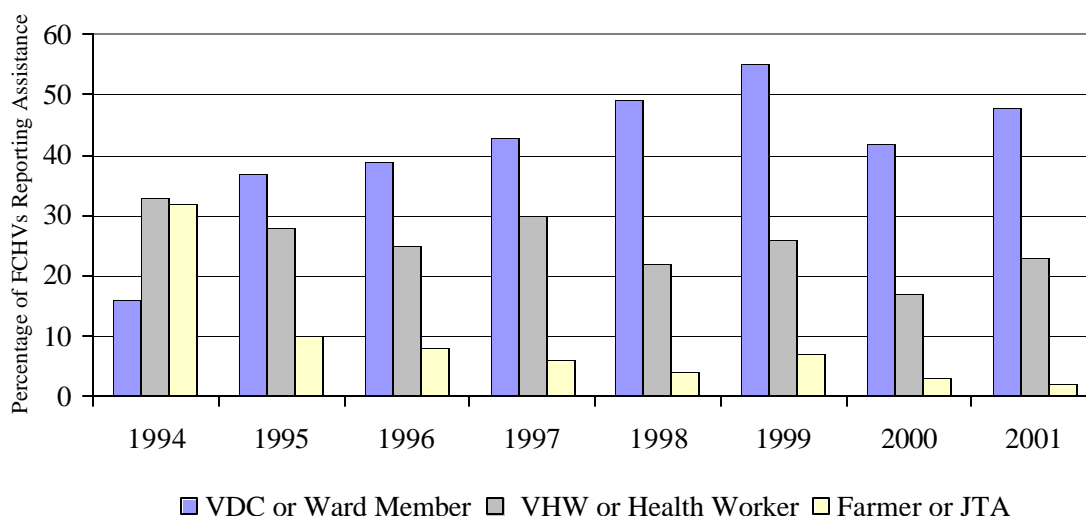
▲ FCHV giving Vitamin A

Estimated Child Deaths Averted by Vitamin A Supplementation



- Community Mobilization:** Community support is crucial to the success of any program. NVAP depends entirely on the work of unpaid FCHVs. Efforts have been made to motivate VDCs/DDCs/multisectoral agencies to support FCHVs, so FCHVs will continue supplementation work. VDC support for the program has increased each year.

Source of FCHV Support During NVAP Supplementation



The Community Based Program for Integrated Management of Childhood Illness (formerly ARI and CDD programs)

- ***Expansion of the CB-IMCI Program:***

Following recommendations of the ARI strengthening program assessment conducted in January/February 1997, the LCHSSP assisted in expanding the Community Based Program for the Treatment of Pneumonia program

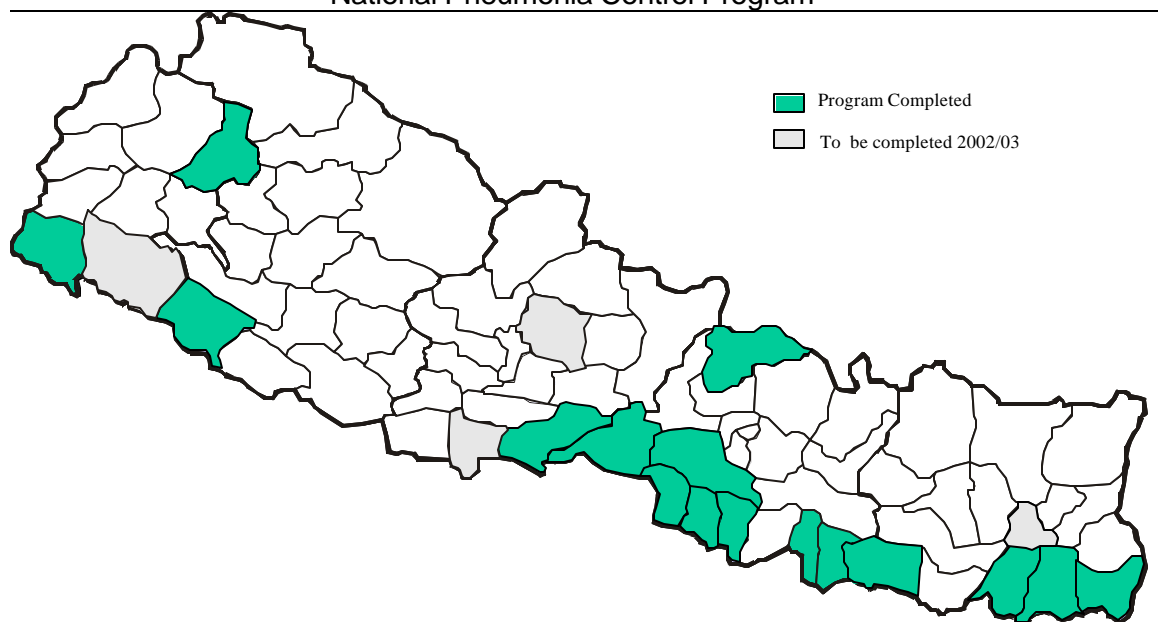


▲ FCHVs receiving training

from 4 to 16 Districts. During

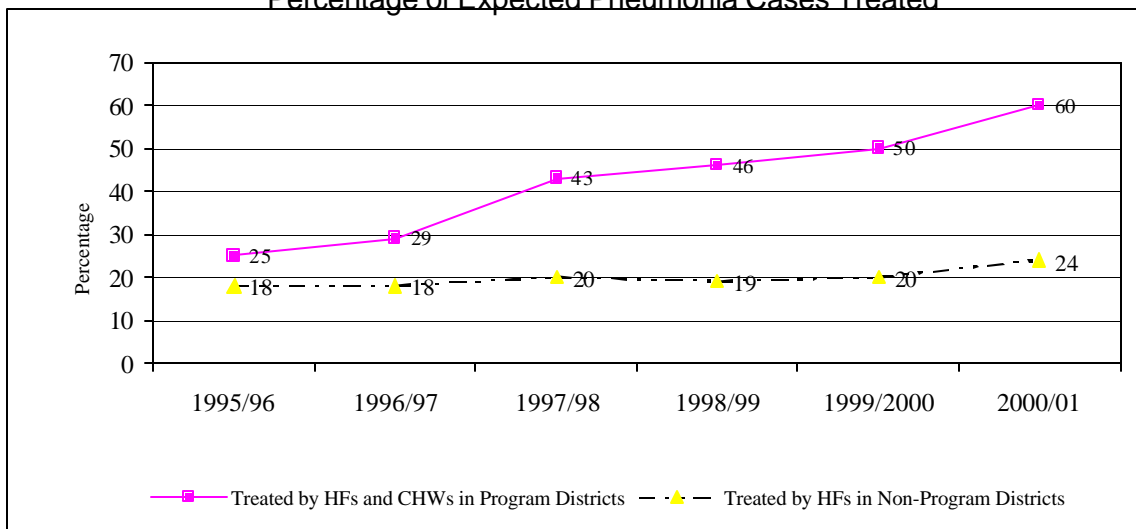
LCHSSP this initiative merged with IMCI, expanding the focus to include all major child health components and was renamed Community Based-IMCI. By June 2002, implementation was completed in 16 districts, covering 33% of Nepal's population under 5 years of age. Since 1997/98, over 1,500 district and health facility level health workers, over 9,000 community-level health workers, over 8,000 locally-elected leaders, and 133,000 mothers' group members have participated in trainings and orientations.

National Pneumonia Control Program



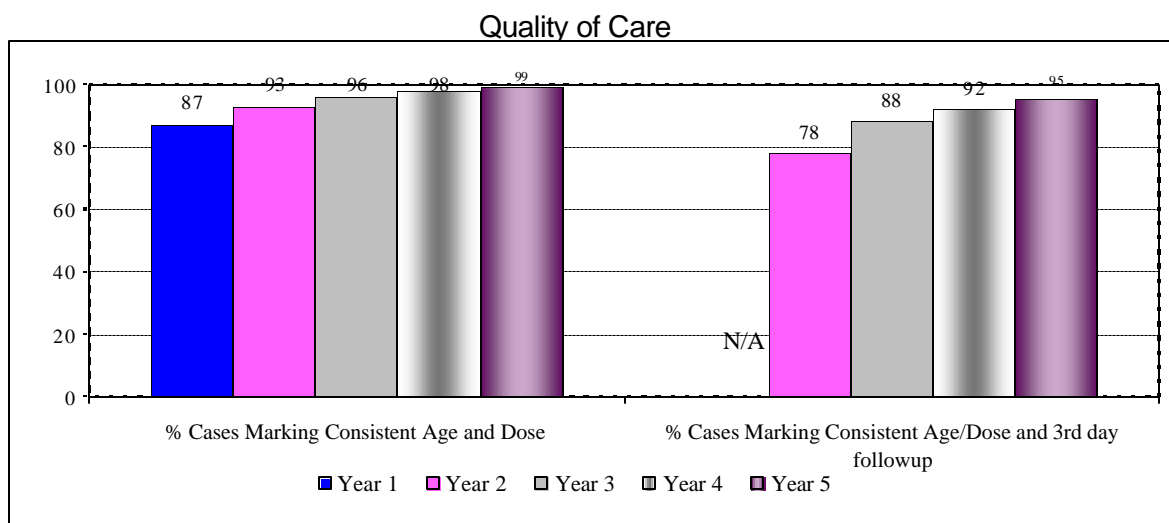
- Percentage of Expected Pneumonia Cases Treated:** HMIS data suggest only 24% of expected cases of pneumonia receive treatment from MOH health facilities in non-program districts. In program districts, percentage of expected cases of pneumonia treated increased each year to a 60% average for the 13 districts from which annual data were available in July 2001. Full-year data are not yet available from Dhanusha, Kanchanpur, and Mahotari.

Percentage of Expected Pneumonia Cases Treated



- Quality of Care Improvements:** Most monitoring CB-IMCI efforts have been targeted to community-level pneumonia control program to ensure VHWs/MCHWs/FCHVs are correctly diagnosing, treating and referring cases.

During these monitoring visits, data on CHW knowledge and practice are collected. Over 80% of CHWs interviewed knew respiratory cut-off rates by age, counted respirations correctly, and knew the correct antibiotic dose for different ages. Over 90% of case records showed the correct dose of cotrimoxazole for the recorded age of the child who was treated. Over 80% also marked 3rd day followup visits for cases treated and referred.



- Program Sustainability:** To make any program sustainable, communities must be oriented, motivated and provided regular followup and feedback. Availability of essential drugs and other commodities must be assured. DDC- and VDC-level orientations and Mothers' Group meetings have motivated communities. JSI has worked to ensure availability of cotrimoxazole to treat pneumonia and blue plastic cups to measure the correct volume of water for preparing ORS. In 9 districts, 170 VDCs have begun a cost-recovery program. In 7 districts, 52 VDCs have started supporting their FCHVs in tangible ways. In Chitwan District, with community support, over 25,000 BPCs have been distributed to the household level.



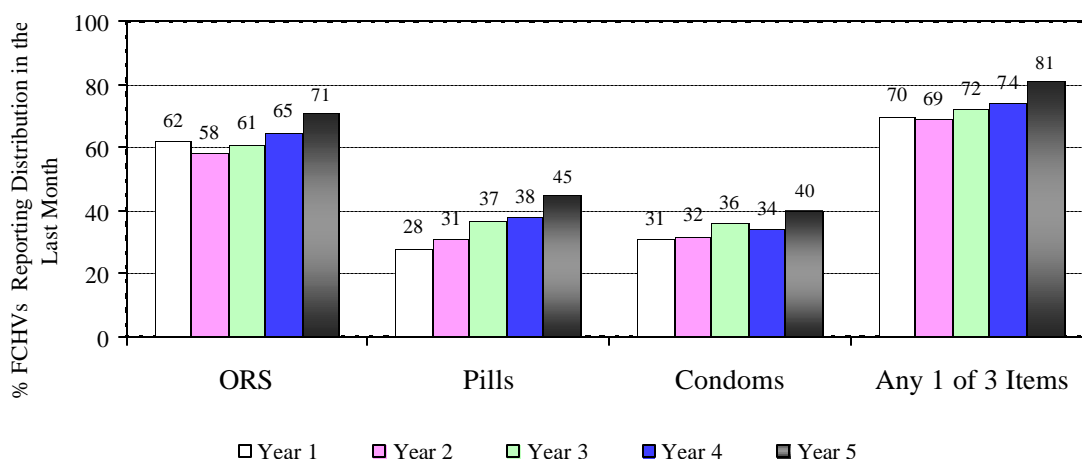
▲ Participants in the DDC Orientation

The National Female Community Health Volunteer (FCHV) Program

- FCHV Refresher/Review Meetings:** Twice-yearly FCHV refresher meetings have contributed to achievement of high vitamin A coverage and successful ARI/CB-IMCI program activities.

- **Commodity Distribution:** Thanks to highly-motivated FCHVs, community-level distribution of oral contraceptives, condoms, and ORS packets has been maintained, and, in some cases, shown modest increase. FCHVs deserve great credit for their services.

FCHV Contraceptives Distribution



Communities have recognized the value of FCHV services. FCHVs are able to create awareness regarding health matters because they have gained respect and self-confidence. The program has empowered these women in countless aspects of their lives.

The National Traditional Birth Attendant Program

JSI, through MASS, provided logistical support to conduct activities identified under USAID's annual Maternal Health/TBA Workplans signed with related MOH Divisions. JSI did not provide technical assistance. Activities were annually carried out as defined in the Workplan.

The National Family Planning Program

JSI, through MASS, provided logistical support to conduct activities identified under USAID's annual Family Planning Workplans signed with related MOH Divisions. JSI did not provide technical assistance. Activities were annually carried out as defined in the Workplan.

The MOH Department of Health Services Financial Section

JSI provided technical assistance, through MASS, to the DoHS Financial Section to assist in timely, accurate invoice preparation for submission to USAID for reimbursement of Redbook program-related expenses. Reporting quality and timeliness were improved and maintained throughout the life of the Project. Annually, over 95% of submitted expenditure invoices were allowable expenses.

Recommendations

Maintain certain principles throughout the next five years, no matter what direction the USAID program may take.

1. **Maintain Successes.** Significant achievements over the past 5 to 10 years in the areas of improving child health programs and integrated logistics systems should be maintained as the programs are further strengthened and merged with other essential health services.
2. **Maintain Community-Based Initiatives.** The majority of Nepal's population remains rural and in need of basic FP/MCH services as close as possible to their homes. LCHSSP initiatives have repeatedly proven that CB health workers, particularly FCHVs, who provide essential, life-saving services must be supported and motivated to continue.
3. **Work Towards Sustainability.** Whenever possible, local leaders and local resources should be sought to increase funds available for programs and encourage ownership and steps towards sustainability for community-based initiatives.
4. **Diversify Resources and Work Collaboratively.** JSI/LCHSSP team members have had considerable success in positions as leaders or members of various working groups assisting to move forward varied health care initiatives, such as construction of district stores, merging of CB-pneumonia with IMCI, development of a national policy for treatment of nightblindness in pregnancy, etc. Involving multiple donors and partners, while time consuming, was rewarded with a diversified pool of resources and organizations seeing themselves as partners, rather than competitors. Nepal and its health programs can only benefit.

Contract Performance Milestones at Project Completion

EOP Result	EOP Achievement	Source
Integrated Logistics Management		
a) LMIS fully functioning in all 75 districts with 80 percent of functioning facilities reporting in a timely and accurate manner.	80%	LMIS
b) 70 percent of sample storage facilities at each level meet acceptable standards for storage of all MOH products.	84%	JSI Logistics Field Staff Monitoring Reports
c) Percentage of MOH health institutions which report a stockout for any contraceptive method during the year reduced from 40 percent to 10 percent.	10%	LMIS
d) 60 percent of facilities where inventory control procedures have been introduced have adequate (one month) stocks of essential commodities.* <small>*Condom, Oral Pills, ORS, Injectable, Vitamin A capsule, Cotrimoxazole, Ferrous Sulfate</small>	77%	LMIS
National Vitamin A Deficiency Control Program		
a) 75 districts participating in vitamin A capsule distribution and nutrition education activities. <small>*Two Districts inaccessible because of security restrictions.</small>	73 Districts*	MOH Workplan
b) National average of 80 percent of children in target areas 6 to 60 months of age who have received a vitamin A capsule during the proceeding national capsule distribution day.	97%	NTAG Mini-Surveys (May 2002)
c) 75 districts report vitamin A capsule use for case management.	75 Districts	HMIS
National Control of Acute Respiratory Infection Program		
a) Fourteen districts will participate in the National Community-based ARI Program.	16 Districts	MOH Workplan
b) Sixty percent of children 0-60 months of age with pneumonia symptoms who present to FCHVs, VHWs or MCHWs will be referred or treated appropriately in target districts. <small>@ Marking third-day follow-up # Marking consistent age/dose * Marking consistent age/dose and third-day follow-up</small>	95% @ 99% # 95% *	JSI Child Health Field/INGO Staff Monitoring Reports

EOP Result	EOP Achievement	Source
National Control of Diarrheal Disease Control Program		
a) The MOH will distribute at least 1,100,000 ORS packets per year. * April 15, 2001 – April 15, 2002	3,019,365*	LMIS
National Female Community Health Volunteer Program		
a) 75 percent of FCHVs provide MCH services to their communities *During interviews with JSI CHFOs and DHO staff 99% of 882 FCHVs in NVAP districts distributed vitamin A capsules in the last round.	FCHVs reported* distributing following commodities in the past one month: ORS 68% Condoms 39% Oral Pills 41% At least one activity 76% Vit A (last round) 100%*	JSI Child Health Field Staff Monitoring Reports
Maternal Health Activities		
a) Supplemental Workplans for maternal health activities successfully implemented each year. * NFY 2058/59 workplan completed 14 July 2002	NFY 2058/59 Supplemental Workplan Implementation in Progress*	MASS/JSI
National Family Planning Program		
a) Supplemental workplans for the National Family Planning Program successfully implemented each year. * NFY 2058/59 workplan completed 14 July 2002	NFY 2058/59 Supplemental Workplan Implementation in Progress*	MASS/JSI
Department of Health Services Financial Section		
a) Statements of expenditure and request for reimbursement report for MOH Redbook support submitted correctly to USAID on time each year beginning in 1998 *Note: USAID/N's Office of Financial Management has a mid-February deadline for submission of requests for reimbursement for the previous Nepali fiscal year. The 2000/2001 (NFY2057/58) accounts were submitted on time. NFY 2058/59 requests are due by mid-February 2003.	NFY 2057/58 Statements submitted on time*	MASS Records
b) Financial audits and reviews, beginning in 1998, reveal no significant problems in tracing financial information, and documentation is readily available for the review, 95% of costs allowable.	100% of NFY 2057/58 expenditures reports submitted to USAID/N by mid-Feb 2002 deadline were allowable	MASS Records

Annex 1: List of Project Technical Reports

	S/N	Publication Name	Language
CDD/ARI Reports	1	Improving Health in Nepal	English
	2	Cost Recovery Strategies in Makwanpur and Siraha Districts, Nepal	English
	3	A Short History of Nepal's Community-Based Pneumonia Program	English
	4	Report of Child Health Monitoring Activities (1997/98)	English
	5	Report of Child Health Monitoring Activities (1998/99)	English
	6	Report of Child Health Monitoring Activities (1999/00)	English
	7	Report of Child Health Monitoring Activities (2000/01)	English
	8	Report on Female Community Health Volunteers' (FCHVs) Knowledge and Activities Related to Diarrheal Diseases and Acute Respiratory Infections – Field Work Conducted in Chitwan and Makwanpur Districts	English
	9	Household-Level Knowledge and Management of Diarrheal Disease and ARI – Kaski District, Nepal	English
	10	The Nepal Community-Based Pneumonia Program (CD ROM)	English
	11	Female Community Health Volunteers Learn About ARI Case Management	English/ Nepali
	12	Assessment of Dhami/Jhankri Orientation	English
	13	Raising Awareness About Household Management of Diarrhoea Through Community Action	English
	14	Report of CDD Reactivation Program in four Districts of Central Region	English
CDD/ARI Training and Orientation Materials	15	DDC/VDC Orientation Chart	Nepali
	16	DDC/VDC Orientation Booklet	Nepali
	17	IMCI HF Level Modules Translated (Adapted)	Nepali
	18	CB-IMCI OPD Register	English
	19	ARI OPD Register	English
	20	IMCI Case Assessment Forms Laminated	Nepali
	21	CB-IMCI Health Facility Level Reporting Forms	
	22	VHW/MCHW Level CB-IMCI Manual (Translated/Adapted)	Nepali
	23	VHW/MCHW Level CB-IMCI Assessment Card, Nutrition Counseling Card, and Problem Identify Card (Translated/Adapted)	Nepali
	24	ARI Classification Card	Nepali
	25	Mother's Booklet (Revised)	Nepali
	26	CDD HF Level Manual (Revised)	Nepali
	27	ARI HF Level Manual (Revised)	Nepali
	28	ARI Reporting Form for HF and VHW/MCHW (Revised)	English
	29	Treatment Book (Revised)	Nepali
	30	Referral Book (Revised)	Nepali
	31	Treatment Card (Revised)	Nepali

CDD/ARI Tra'g/ Orientation Materials	32	Home Therapy Card (Revised)	Nepali
	33	FCHV Pictorial Manual (Revised)	Nepali
	34	HF Level 2 Days Program Management Package (Draft)	Nepali
	35	VHW/MCHW Level 2 Days Program Management Package (Draft)	Nepali
	36	HF Level Facilitators Guide for 2 Days Management Package (Draft)	Nepali
	37	VHW/MCHW Facilitators Guide for 2 Days Management Package (Draft)	Nepali
Vitamin A	1.	Empowered Women Save Childrens' Lives – A Report from Nepal's National Vitamin A Program	English
	2.	Elements of Success – National Vitamin A Program - Nepal	English
	3.	Interactive CD-ROM--National Vitamin A Program in Nepal	English
FCHV	1	FCHV 2-Day RR Meeting Curriculum (Revised)	Nepali
Logistics	1.	Annual Report – Logistics Management Division (1996/97)	English
	2.	Annual Report – Logistics Management Division (1997/98)	English
	3.	Annual Report – Logistics Management Division (1998/99)	English
	4.	Annual Report – Logistics Management Division (1999/00)	English
	5.	A Report on LMT Meeting	English
	6.	Training Curriculum on Inventory Control Store Management for DHOP/DPHO, PHC, HP/SHP Store Personnel	Nepali
	7.	Basic Logistics Curriculum on Store Management for Store Personnel (Storekeeper) of District Health Office/District Public Health Offices	Nepali
	8.	Health Logistics Procedure Manual, District Level	Nepali
	9.	Basic Logistics Curriculum for Store Management for PHC, HP and SHP Store Personnel	Nepali
	10.	MOH Logistics Distribution Network	English
	11.	The Ministry of Health and Non-Governmental Organizations Working Together to Strengthen Family Planning Services	English
	12.	Procurement Guideline	Nepali
	13.	A Report on Logistics Meeting	English
	14.	A Study on FPAN Contraceptives Management and Recording/Reporting System	English
	15.	Health Logistics and EPI Cold Chain Management Training Curriculum	Nepali
	16.	Health Logistics and EPI Cold Chain Management Procedure Manual	Nepali
	17.	Health Logistics Procedure Manual District Hospital	Nepali
	18.	Training Curriculum for District Hospital Basic Logistics Training	Nepali
	19.	Nepal: Integrated Health Logistics Annual Report (1997/98)	English
	20.	Nepal: Integrated Health Logistics Annual Report (1998/99)	English
	21.	Nepal: Integrated Health Logistics Annual Report (1999/00)	English
	22.	Nepal: Integrated Health Logistics Annual Report (2000/01)	English
	23.	Health Commodities: A Critical, Overlooked Component of Women's Health	English
	24.	Construction of District-Level Storage Facilities to Support Decentralized Health Care Services	English
	25.	Nepal Contraceptive Security: Status Report	English